# UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

| Rayraign D. Woods                      | _19 CV 7904                                    |
|--|--|
| Write the full name of each plaintiff. | (Include case number if one has been assigned) |
| -against-                              | COMBI A INTE                                   |

Copyright Infringement Employer who withheld fund as we The Best Music

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

## COMPLAINT

Do you want a jury trial? ☐ Yes No

#### **NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. BASIS FOR JURISDICTION

What is the basis for federal-court jurisdiction in your case?

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

| ☐ Federal Question   |
|--|
| Diversity of Citizenship   |
| A. If you checked Federal Question   |
| Which of your federal constitutional or federal statutory rights have been violated?  A A  |
|  |
| B. If you checked Diversity of Citizenship   |
| 1. Citizenship of the parties  |
| Of what State is each party a citizen?   |
| The plaintiff, Rayuugho Woods, is a citizen of the State of (Plaintiff's name)   |
| Oklahoma   |
| (State in which the person resides and intends to remain.)   |
| or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of            |
| N/A  |
| If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff. |

| If the defendant is an individual:   |
|--|
| The defendant, who withheid fund as best husik is a citizen of the State of (Defendant's name)                                     |
| Florida  |
| or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of            |
| N/A  |
| If the defendant is a corporation:   |
| The defendant, who withheld fund us best your is incorporated under the laws of  |
| the State of Florida   |
| and has its principal place of business in the State of  |
| or is incorporated under the laws of (foreign state)   |
| and has its principal place of business in Minmi FL .  |
| If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant. |
| II. PARTIES  |
| A. Plaintiff Information   |
| Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.                    |
| Rayvaughn D Woods  |
| First Name Middle Initial Last Name  |
| 1601 S. Texas St<br>Street Address   |
| Cornanche Lawton okla 73501  |
| County, City State Zip Code  |
| Telephone Number  Email Address (if available)   |
| Telephone Number Email Address (if available)  |

### **B.** Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

| Defendant 1: | who withheld  | mem employer               | e Best Music                          |  |  |  |  |
|--------------|---|----------------------------|---------------------------------------|--|--|--|--|
|              | First Name  | Last Name                  |                                       |  |  |  |  |
|              | Assembly  | ine                        |                                       |  |  |  |  |
|              | •   | r identifying information) |                                       |  |  |  |  |
|              | Music Industory   |                            |                                       |  |  |  |  |
|              | Current Work Address (or other address where defendant may be served) |                            |                                       |  |  |  |  |
|              | Miami   |                            |                                       |  |  |  |  |
|              | County, City  | State                      | Zip Code                              |  |  |  |  |
| Defendant 2: | NIA   |                            |                                       |  |  |  |  |
|              | First Name  | Last Name                  |                                       |  |  |  |  |
|              | NÌA   |                            |                                       |  |  |  |  |
|              | Current Job Title (or other identifying information)                  |                            |                                       |  |  |  |  |
|              | NIA   |                            |                                       |  |  |  |  |
|              | Current Work Address (or other address where defendant may be served) |                            |                                       |  |  |  |  |
|              | NIA   |                            |                                       |  |  |  |  |
|              | County, City  | State                      | Zip Code                              |  |  |  |  |
| Defendant 3: | Na  |                            |                                       |  |  |  |  |
|              | First Name  | Last Name                  |                                       |  |  |  |  |
|              | NIA   |                            |                                       |  |  |  |  |
|              | Current Job Title (or other identifying information)                  |                            |                                       |  |  |  |  |
|              | NIA   |                            |                                       |  |  |  |  |
|              | Current Work Address (or other address where defendant may be served) |                            |                                       |  |  |  |  |
|              | NIA   |                            | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
|              | County, City  | State                      | Zip Code                              |  |  |  |  |

| Defendant 4:  | N             | A <sup>:</sup>     |                 |                 |   |
|---|---------------|--------------------|-----------------|-----------------|---|
|   | First Name    |                    | Last Name       |                 |   |
|   | N             | A                  |                 |                 |   |
|   | Current Job 7 | itle (or other ide | ntifying inform | ation)          |   |
| -   | <u>\\</u>     | IA                 | 1.6 1           |                 | 1 1   |
|   | Current Work  | Address (or oth    | er address whe  | ere detendant m | ay be served)   |
| -   | County, City  | <del>  17</del>    | State           |                 | Zip Code  |
| III. STATEMEN   | T OF CLAI     | M                  | ,               |                 |   |
| Place(s) of occurre                                     | nce:          |                    | N/A             |                 |   |
|   |               |                    |                 |                 |   |
| Date(s) of occurren                                     | nce:          | <u> </u>           | NA              |                 |   |
| FACTS:  |               |                    | •               |                 |   |
| State here briefly harmed, and what additional pages if | each defend   |                    |                 |                 | •   |
| As I S  | DOKE T        | o mu s             | pouse           | over th         | e Telephone   |
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| INJURIES: Criple right ARM and Anixety Pains  |
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| '   |
| If you were injured as a result of these actions, describe your injuries and what medical                           |
| treatment, if any, you required and received.   |
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| copyright Infringement employer who withher   |
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|   |
| IV. RELIEF  |
|   |
| State briefly what money damages or other relief you want the court to order.                                       |
| + seek \$78.2 million to controll Shelvin   |
| TEER TOTA MILLON TO CONTROLL SHEWIN   |
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